



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 7, 2023

Tricia Crawford  
Spectrum Health Worth Residential Services  
4118 Kalamazoo SE  
Grand Rapids, MI 49508

RE: License #: AM410414284  
Homewards North  
4122 Kalamazoo Ave SE  
Grand Rapids, MI 49508

Dear Ms. Crawford:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW".

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM410414284

**Licensee Name:** Spectrum Health Worth Residential Services

**Licensee Address:** 4118 Kalamazoo Ave.  
Grand Rapids, MI 49508

**Licensee Telephone #:** (616) 486-7290

**Licensee/Licensee Designee:** Tricia Crawford

**Administrator:** Tricia Crawford

**Name of Facility:** Homewards North

**Facility Address:** 4122 Kalamazoo Ave SE  
Grand Rapids, MI 49508

**Facility Telephone #:** (616) 486-7280

**Original Issuance Date:** 03/24/2023

**Capacity:** 8

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/06/2023

Date of Bureau of Fire Services Inspection if applicable: 06/06/2023

Date of Health Authority Inspection if applicable: 09/06/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 09/06/2023, an onsite inspection was completed at the facility. An exit conference was conducted and the facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 12).



09/07/2023

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Megan Aukerman  
Licensing Consultant

Date